

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/240,893	01/29/99	705	2761	ITC:9905

APPLICANT

ALEX TERRY, AUSTIN, TX.

****CONTINUING DOMESTIC DATA*******

VERIFIED

NONE ON

****371 (NAT'L STAGE) DATA*******

VERIFIED

NONE ON

****FOREIGN APPLICATIONS*******

VERIFIED

NONE ON

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/12/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
Verified and Acknowledged <u>YN</u> Examiner's Initials _____					

ADDRESS

JAMES W HUFFMAN
106 MORNING CLOUD
AUSTIN TX 78734

TITLE

INTERACTIVE BILLING SYSTEM UTILIZING A THIN WEB CLIENT INTERFACE

FILING FEE RECEIVED \$778	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7923

SERIAL NUMBER 09/240,893	FILING DATE 01/29/1999 RULE	CLASS XXX	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. ITC:9905
APPLICANTS G. ALEX TERRY, SAN FRANCISCO, TX; STEPHEN C. O'NEAL, SAN FRANCISCO, CA;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/12/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>by</i> Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 44
		INDEPENDENT CLAIMS 6		
ADDRESS Michael J. Thomas Senniger, Powers, Leavitt & Roedel One Metropolitan Square, 16th Floor St. Louis ,MO 63102				
TITLE INTERACTIVE BILLING SYSTEM UTILIZING A THIN WEB CLIENT INTERFACE				
FILING FEE RECEIVED 1315	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	